

Southeast Iowa Link (SEIL) Region FY 2016 Annual Report

*Geographic Area: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa,
Van Buren, Washington*

Approved by SEIL Governing Board: 12/14/2016

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Introduction

SEIL Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SEIL Management Plan includes three parts: Annual Service and Budget Plan, Annual Report, and Policies and Procedures Manual.

The 28E formalizing the SEIL region was finalized May 16, 2014 and approved by the Department of Human Services (DHS) on May 29, 2014. It was registered with the Secretary of State office on June 6, 2015. The SEIL Transition plan was approved by DHS on June 30, 2014. SEIL commenced business as a region on July 1, 2014. The Annual Service and Budget Plan was approved by DHS on July 25, 2014. On September 17, 2014 the revised SEIL Policies and Procedures Manual was submitted to DHS and it was confirmed to be approved on November 14, 2014 in written correspondence from Mr. Rick Shults, Administrator- Division of Mental Health and Disability Services.

Throughout the second Fiscal Year of the SEIL region existence, much effort has been made to continue the development of business practices within the region, customize the region service delivery system to compliment the changes that have been experienced in the Medicaid service array, create data gathering and outcomes analysis protocols that accurately reflect the work of the region, and to develop a service management system that is readily accessible to the public at the local level (county) with observance of the Trauma Informed Care approach to service delivery.

The SEIL Governing Board for FY16 was comprised of the following members:

Des Moines County Board of Supervisor	Tom Broeker
Henry County Board of Supervisor	Marc Lindeen
Jefferson County Board of Supervisor	Becky Schmitz
Keokuk County Board of Supervisor	Michael Berg
Lee County Board of Supervisor	Rick Larkin
Louisa County Board of Supervisor	Randy
Van Buren County Board of Supervisor	Mark Meek
Washington County Board of Supervisor	Jack Seward Jr.
Customer/Family Member Representative	Merlin Hellman
Provider Representative	Kristen Helm

Services provided in Fiscal Year 2016:

Included in this section of the report:

Access Standards for Core Services and what we are doing to meet access standards

Additional Core Services, availability and plans for expansion

Provider Practices and Competencies

- Multi-occurring Capable
- Trauma Informed Care
- Evidence Based Practices

Core Service/Access Standards: Iowa Administrative Code 441-25.3

The table below lists core services, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

<u>Code</u> <u>Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> • Met Yes/No • By which providers 	<ul style="list-style-type: none"> • How measured • If not what is plan to meet access standard and how will it be measured
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	Met *Counseling Associates *Great River Mental Health *Hillcrest *Optimae *Southeast Iowa Community Health Center *River Hills Community Health Center	Measured by physical presence of these agencies/organizations within region geographic boundaries
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	Met *Great River Medical Center	Measured by physical presence within region geographic boundaries

Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)

25.3(3)a(1)	Timeliness: The region shall provide outpatient treatment services. Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	Met *Counseling Associates *Great River Mental Health *Hillcrest *Optimae *River Hills CHC	Measured by agency utilization of emergency outpatient reserved appointments and agency on-call information. SEIL has developed a strategic plan to expand capacity of outpatient service/timeliness of service. Considerations have been given to expanded emergency outpatient services i.e. mobile response, CIT, and other expedited intervention services.
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25.3(3)a(2)	Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	Met *Counseling Associates *Great River Mental Health *Hillcrest *Optimae *River Hills CHC	Measured by utilization of same day urgent outpatient reserved appointments and agency on-call availability.
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	Met *Bridgeway *Counseling Associates *Great River Mental Health *Hillcrest *Optimae *River Hills CHC *CHC of Southeastern Iowa	Measured by application request for service in conjunction with claims information of service as well as utilization of same day urgent outpatient reserved appointments and direct contact with individual making request.
25.3(3)a(4)	Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Met *Counseling Associates *Great River Mental Health *Hillcrest *Optimae *River Hills CHC *CHC of Southeastern Iowa	Physical locations of contracted providers covers access standard for the regions geography. Other providers close to region borders are also available to serve individual convenience.

Inpatient: (Mental Health Inpatient Therapy)

25.3(3)b(1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Not Met *Fort Madison Community Hospital *Great River Medical Center *Henry County Health Center *Jefferson County Hospital	Measured by Emergency Department length of stay. Despite best efforts to expedite necessary inpatient treatment within 24 hours, capacity as well as patient acceptance for admission issues still delay prompt placement. SEIL is working with Great River Medical Center to expand inpatient service as well as develop outpatient alternatives as diversion from inpatient hospitalization.
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*Keokuk Area Hospital

*Keokuk County Hospital

*Van Buren County Hospital

*Washington County Hospital

25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Met	Proximity standard met however capacity issue within proximity guidelines is deficit. Measured by analysis of placement as provided by documents received, i.e. sheriff transports, hospital notifications, Region applications received, requests for Care Coordination from Hospitals
		*Great River Medical Center	
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	Met	Measured by admission/discharge dates, court order documents, discharge plans, request for outpatient funding, care coordination documents, etc.
		*Bridgeway	
		*Counseling Associates	
		*Great River Mental Health	
		*Hillcrest	
		*Optimae	
		*River Hills CHC	
		*CHC of Southeastern Iowa	

Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)

25.3(2) & 25.3(4)a	Timeliness: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Met	Measured by contracting standards with providers and analysis of utilization for 24 hour on call services provided.
		*Counseling Associates	
		*Great River Mental Health	
		*Hillcrest	
		*Optimae	
		*River Hills CHC	
		*CHC of Southeastern Iowa	
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Met	Measured by contracting standards with providers and analysis of utilization for crisis evaluations.
		*Counseling Associates	

*Great River Mental Health

*Hillcrest

*Optimae

*River Hills CHC

*CHC of Southeastern Iowa

Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)

25.3(5)	Timeliness: The first appointment shall occur within four weeks of the individual's request of support for community living.	Met	Measured by analysis of application/authorization in conjunction with claims information. SEIL also works in tandem with our contracted IHH care coordination/TCM providers to ensure prompt access for needed SCL services.
		*Bridgeway	
		*First Resources	
		*Home Caring	
		*Hope Haven	
		*Insight	
		*New Choices	
		*Optimae	
		*REM	
		*Self Reliance	
		*Systems Unlimited	
		*Tenco	
		*WCDC	

Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)

25.3(6)	Timeliness: The initial referral shall take place within 60 days of the individual's request of support for employment.	Met	Measured by analysis of application/authorization in conjunction with claims information. SEIL is working in conjunction with vocational employers to expand integrated work opportunities and to train vocational employees (APSE) to meet the demands and new requirements of accreditation.
		*Bridgeway	
		*First Resources	
		*Goodwill	
		*Hope Haven	
		*Optimae	
		*Tenco	
		*Van Buren Job Opportunities	
		*WCDC	

Recovery Services: (Family Support, Peer Support)

25.3(7)	Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Met *Counseling Associates *First Resources *Hillcrest *Hope Haven *Optimae *Southern Iowa Mental Health Center	Measured by contracting standards with providers and integration of peer/family support services with person centered care coordination as well as the development of Family/Peer services within the region funded Drop In/Recovery Centers.
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Service Coordination: (Case Management, Health Homes)

25.3(8)a	Proximity: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Met *Counseling Associates *Des Moines County Case Management *DHS TCM *Hillcrest *Southeast Iowa Case Management (SICM) *Southern Iowa Mental Health Center (SIMH)	Measured by physical presence of these agencies/organizations within region geographic boundaries.
25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Met *Counseling Associates *Des Moines County Case Management *DHS TCM *Hillcrest *Southeast Iowa Case Management (SICM) *Southern Iowa Mental Health Center (SIMH)	Access standard met within proximity standard but outside of proximity standard is more of a challenge with alternate IHHs and/or the local IHHs that are asked to travel outside of designated service areas to accommodate service coordination initiation. The region identifies that besides capacity issues, the funding mechanism for care coordination does not support the expense associated with statewide travel to meet clients. The access standard is measured by application request for service in conjunction with claims information of service as well as other supporting documents such as court orders, discharge plans, and receipt of assessment/social history documents for region file.

Additional Core Services Available in Region: Iowa Code 331.397(6)

The Chart below includes additional core services currently provided or being developed.

<u>Service Domain/Service</u>	<u>Available:</u>	<u>Comments:</u>
	<ul style="list-style-type: none"> • Yes/No • By which providers 	<ul style="list-style-type: none"> • Is it in a planning stage? If so describe.
<u>Comprehensive Facility and Community-Based Crisis Services:</u> 331.397~ 6.a.		
24-Hour Crisis Hotline	No	SEIL has contracted for 24- Hour Crisis Hotline services at the provider level and has mirrored existing criteria/standards identified in code with multiple providers; however this does not meet the threshold for accreditation per Chapter 24 standards. SEIL discovered this variance in accreditation as it relates to providers versus singular entity system and began planning for an accredited service with Great River Medical Center to be initiated in FY17.
	*Counseling Associates	
	*Great River Medical Center	
	*Hillcrest	
	*Optimae	
Mobile Response	No	SEIL has engaged in preliminary discussions with region providers as well as law enforcement on the issue of Mobile response. Efforts have been made to investigate the possibility of a Mobile Response team, Mental Health First Responders, and Crisis Intervention Teams (CIT) with our law enforcement partners.
	*Counseling Associates	
	*Great River Medical Center	
	*Great River Mental Health	
	*Hillcrest	
	*Optimae	
	*Southeast Iowa Regional Planning	
23-Hour crisis observation & holding	No	SEIL has gathered information regarding this service but has not pursued it farther due to limitations of Mental Health professional resources and cost prohibitiveness.
Crisis Stabilization Community Based Services	No	Discussions of capacity barriers including access to qualified crisis workers (Mental health professionals as well as community based support staff), duplication of service for individuals already accessing community service(s), risk/liability for such provision of service, and financial implications to have such service readily available to individuals in crisis. Until such time that the credentialing of qualified crisis workers changes, SEIL does not have the capacity to serve individuals per the prescribed accredited standard.
	*Hope Haven	
	*Tenco	

Crisis Stabilization Residential Services	Yes	SEIL has contracted for 2 five bed Crisis Stabilization Residential Service programs. Multiple assessment providers have standardized the assessment process for access to the crisis stabilization residential programs. Protocols for care coordination have been made uniform in conjunction with SEIL IHH providers for all crisis stabilization participants. Time frames for participation are also standardized to ensure prompt and meaningful transitions back to an integrated living environment. This service is available 24/7/365 for all residents of the SEIL Region that meet level of care. Accreditation of these services is being pursued, however an identified barrier to accreditation for the existing programs is the standards for qualified crisis workers.
	*Hope Haven	
	*Tenco	
Behavioral Interventionist	Yes	SEIL has contracted a behavioral Interventionist for 20 hours per week as an employee of Counseling Associates to facilitate person centered strategies stabilize referred individuals community based living accommodations and assisting community based providers in effective intervention/treatment strategies. Outcome measures include reduction of change/disruption in living arrangements; expand community integration for persons served, and to enhance the knowledge and skills of line staff in effective intervention/treatment strategies.
	*Counseling Associates	

Crisis Residential Services: 331.397~ 6.b.

Subacute Services 1–5 beds	No	SEIL has discussed Subacute service but at this time do not have any provider partners interested or with sufficient capacity to provide this service array and it is felt that this is a very cost prohibitive service.
Subacute Services 6+ beds	No	SEIL has discussed Subacute service but at this time do not have any provider partners interested or with sufficient capacity to provide this service array and it is felt that this is a very cost prohibitive service.

Justice System–Involved Services: 331.397~ 6.c.

Jail Diversion	Yes	SEIL has made great strides in the area of jail diversion. The Sequential Intercept Model continues to be the basis of our programs and each of the eight jail systems in our region has an active partnership between the Sheriff/Jail Administration department and the SEIL Coordinators of Disability Services. The primary focus has continued to be on Intercept 1(Law Enforcement) and Intercept 4 (Reentry). During FY16
	*Optimae	
	*Southeast Iowa Regional Planning	

		SEIL encountered changes in Diversion coordination personnel which created the opportunity for many meetings and refocusing on the needs of the individual jail systems. Standardized Face Sheets were developed to promote uniform data input and analysis, screening processes were reevaluated, and a focus on community connections to reduce recidivism became of primary focus. Trainings continued for Law Enforcement personnel on skills and resources to effectively manage encounters with individuals with mental health challenges and preliminary plans have been put into motion for expansion of the program via CIT– of which two diversion coordinators had the opportunity to join in the Saint Louis County CIT training as well did designated officers that demonstrated interest in that program.
Crisis Prevention Training	Yes	SEIL has promoted and contracted for the expansion and ongoing knowledge base of trainers and trained employees on crisis prevention strategies/models such as Nonviolent Crisis Prevention Intervention and Mandt. The region retains a listing of trainers for this service as well as an inventory of trained staff per contracted agency.
	*Change Agent Team	
	“Learning Community”	
Civil Commitment Prescreening	Yes	SEIL has incentivized the provider network of outpatient mental health providers to perform civil commitment prescreening. At present the times are generally during regular working hours except for in those cases that the crisis on-call is able to complete a prescreen. Expansion and alternative options related to the provision of this service will continue to be investigated.
	*Counseling Associates	
	*Great River Medical Center	
	*Great River Mental Health	
	*Hillcrest	
	*Optimae	

NOTE: Incorporated into all the services listed above, the SEIL region has made great strides in incorporating concepts of multi-occurring service capability, Trauma Informed Care, person centered planning, and individual/programmatic value based contracting. The SEIL Advisory board and SEIL Change agent have worked collaboratively to advance these concepts within the SEIL service array as well as develop knowledge bases and partnerships with other systems that have commonalities in people served such as: AAAs (Milestone and Heritage), Children’s Mental Health providers (including IHHS), school systems, Drug Endangered Children (DEC) groups, Children First Boards, Decategorization Boards, DHS Child Welfare workers, DHS MHDS, IME, Amerigroup, AmeriHealth, United Healthcare, Domestic Violence agencies, Law Enforcement agencies, 8th Judicial District personnel, County Attorneys/public defenders, Housing Authorities/landlords, Public Health, Primary Care organizations, Home Health agencies, 8 hospital systems within the region, Iowa Works, Vocational Rehabilitation, local business/industry.

Provider Competencies

The Chart below is a brief description of the region's efforts to increase provider competencies.

Provider Practices	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY
441-25.4(331)	List agencies	List agencies	List Agencies	Narrative
Service providers who provide services to persons with 2 or more of the following co-occurring conditions:	*Mediapolis Care Facility	*Bridgeway	*Bridgeway	SEIL engaged the consultation of Paul Goldstein and Jessica Peckover to train the SEIL management team, Advisory Board, and Change Agent team in the concepts of trauma informed care/ treatment strategy and Multi Occurring concepts (Stage matched intervention) respectively. Carryover of topics from FY15, the Minkoff and Cline tool-Compass EZ has been built into the region provider network contracts for implementation within the culture of the agency(s) to be not only trauma informed but also multi-occurring capable. The region has supported Mental Health First aid, provided opportunity for law enforcement personnel to participate in extended trainings related to behavioral health issues, and contracted for community based providers to expand their staff skill set for managing behavioral issues with clients via Nonviolent Crisis Prevention and Intervention and Mandt certifications.
a. Mental Illness	*Mississippi Bend AEA	*Coalition For Domestic Violence	*CHC of Southeastern Iowa, Inc	
b. Intellectual Disability	*New Choices	*Counseling Associates	*Coalition For Domestic Violence	
c. Developmental Disability	*REM	*DHS-TCM	*Counseling Associates	
d. Brain Injury	*Self Reliance	*First Resources	*DHS-TCM	
e. Substance Use Disorder	*Systems Unlimited	*Grant Wood AEA	*First Resources	
	*Note:	*Goodwill	*Great Prairie AEA	
	This relates to the participation in SEIL	*Great River Medical Center	*Great River Medical Center	
	facilitated trainings to become more co-occurring capable. Other strategies may be occurring within these	*Great River Mental Health	*Great River Mental Health	
		*Hillcrest	*Hillcrest	Finally, SEIL has an expectation of the management team members to participate in the Iowa Community Services Affiliate Spring and Fall school and statewide as organized thru ISAC. This provides opportunity to participate in trainings from
		*Hope Haven	*Hope Haven	
		*Insight	*Insight	

agencies.

*Keokuk High School Transitions Program	*Keokuk High School Transitions Program
*Mental Health Advocates	*Mental Health Advocates
*Mini Bus	*Mini Bus
*Office of Consumer Affairs	*Office of Consumer Affairs
*Optimae	*Optimae
*Southeast Iowa Case Management	*Southeast Iowa Case Management
*Southern Iowa Mental Health	*Southern Iowa Mental Health
*Southeast Iowa Regional Planning	*Southeast Iowa Regional Planning
*Tenco	*Tenco
*WCDC	*WCDC
*Young House Family Services	*Young House Family Services

nationally known presenters and gain insight to the trajectory of the MHDS system on a statewide basis. Those trainings and opportunities to network with other MHDS professionals is most valuable to the collaborative efforts of regions and success in the development of effective and efficient service delivery networks.

Trauma informed care

*Mediapolis Care Facility
*Mississippi Bend AEA

*Bridgeway	*Bridgeway
*Coalition For Domestic Violence	*CHC of Southeastern Iowa, Inc
*Counseling	*Coalition For

Please see reference above as the concepts of Trauma Informed care and Multi-occurring capable have been framed cohesively/collaboratively.

<i>*New Choices</i>	<i>Associates</i>	<i>Domestic Violence</i>
<i>*REM</i>	<i>*DHS-TCM</i>	<i>*Counseling Associates</i>
<i>*Self Reliance</i>	<i>*First Resources</i>	<i>*DHS-TCM</i>
<i>*Systems Unlimited</i>	<i>*Goodwill</i>	<i>*First Resources</i>
	<i>*Grant Wood AEA</i>	<i>*Great Prairie AEA</i>
<i>*Note:</i>	<i>*Great Prairie AEA</i>	<i>*Great River Medical Center</i>
<i>This relates to the participation in SEIL facilitated trainings to become more trauma informed capable. Other strategies may be occurring within these agencies.</i>	<i>*Great River Medical Center</i>	<i>*Great River Mental Health</i>
	<i>*Great River Mental Health</i>	<i>*Hillcrest</i>
	<i>*Hillcrest</i>	<i>*Hope Haven</i>
	<i>*Hope Haven</i>	<i>*Insight</i>
	<i>*Insight</i>	<i>*Keokuk High School Transition Program</i>
	<i>*Keokuk High School Transition Program</i>	<i>*Mental Health Advocates</i>
	<i>*Mediapolis Care Facility</i>	<i>*Mini Bus</i>
	<i>*Mental Health Advocates</i>	<i>*Office of Consumer Affairs</i>
	<i>*Mini Bus</i>	<i>*Optima</i>
	<i>*Office of Consumer Affairs</i>	<i>*Southeast Iowa Case Management</i>

<i>*Optimae</i>	<i>*Southern Iowa Mental Health</i>
<i>*New Choices</i>	
<i>*Southeast Iowa Case Management</i>	<i>*Southeast Iowa Regional Planning</i>
	<i>*Tenco</i>
<i>*Southern Iowa Mental Health</i>	<i>*WCDC</i>
<i>*Southeast Iowa Regional Planning</i>	<i>*Young House Family Services</i>
<i>*Tenco</i>	
<i>*WCDC</i>	
<i>*Young House Family Services</i>	

The Chart below describes the regions efforts towards implementing and verifying fidelity of Evidence Based Practice.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGIONS EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Core: IAC441-25.4(3)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Assertive Community Treatment or Strength Based Case Management		*Great River Medical Center *Great River Mental Health *UHC			SEIL has participated in trainings and discussions with the identified agencies on the plausibility of ACT services in our 8 county region. Because of the geographies, disbursement of population bases, anticipated utilization rates, financial sustainability, and lack of available professional resources it is not plausible to do a true EBP ACT program. Comperable services that could mirror various facets of an ACT are being investigated.
Integrated Treatment of Co-Occurring SA & MH					Many discussions have evolved related to this EBP. Barriers identified include licensing/accreditation of such programs, capacity of professionals between the two systems, co-mingling and/or braiding funding streams to financial support such a service in Iowa, and having the opportunity to strategically plan such service with not only local SA providers but the two state departments that need to be involved in such a venture (DHS and IDPH).
Supported		*Bridgeway			SEIL is investigating opportunities for training and expansion of Supported Employment

Employment

- *First Resources
- *Goodwill
- *Hope Haven
- *Optimae
- *Tenco
- *Van Buren Job Opportunities
- *WCDC

services. There is also conversation with Supported Employment providers on performance based outcomes with the SAMSHA fidelity scales being integrated into the Region contracts incentivizing outcome achievement. Many of our local providers are also APSE members and during FY16, efforts have been made to strategically bring the provider network of SE staff into compliance with the new regulations for provision of service.

Family Psychoeducation

- *Hillcrest
- *Optimae

In plans to be addressed in the future. SEIL has identified that Hillcrest and Optimae are current FP practitioners. Fidelity standards have yet to be administered via an evaluation process.

Illness Management and Recovery

- *First Resources
- *Optimae

To be addressed. SEIL has identified that First Resources and Optimae are current IMR practitioners. Fidelity standards will be assessed in the future. Joint efforts to properly evaluate fidelity need to be developed with other professional entities.

Permanent
Supported Housing

*SEIL
Management
Team

The SEIL Management Team has participated in training, reviewed SAMSHA material, toured an existing PSH program, and has created draft policy and procedure documents for the program. The handbook is near completion of for PSH as an EBP within SEIL. Presentation of this document will transpire in FY17 and forward movement will ensue in the development of the program.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
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Additional Core:
331:397(6)d

How are you verifying? List Agencies

Narrative

Positive Behavioral
Support

To be addressed at a later date.

Peer Self Help Drop
In Center

*First
Resources

*Hope Haven

*Optimae

Program participants sign in upon entering each of the Drop In centers. SEIL management receives the program attendee's information. This information can be cross analyzed with utilization patterns of other services and trends in treatment patterns can be identified on an individual basis over time. Furthermore,

SEIL region continues to have six Peer Drop In Centers within our borders. This is a value based service to those in need and provides the opportunity for community integration and the development of natural supports that are instrumental to the development of a healthy lifestyle. There is no restrictive nature to these programs (non-eligibility based) and the region has received personal testimony regarding what a positive experience personal participation has had in the lives of those that utilize the service.

program utilization can also be measured from a system of care level with quantitative financial information over selected periods of time.

Other Research
Based Practice: IE IPR
IAC 331.397(7)

To be addressed/evaluated in the future.

Individuals Served in Fiscal Year 2016

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category

This chart lists the number of individuals funded for each service by diagnosis.

Age	Account	Code	MI	ID	DD	Total
Adult	4372	Planning and/or Consultation Services (Client Related)	17			17
Adult	4429	Planning & Management Consultants (Non-Client Related)	1			1
Adult	5373	Public Education Services	3			3
Adult	21375	Case Management - 100% County	1		5	6
Adult	22399	Services Management - Other	1			1
Adult	23376	Crisis Care Coordination - Coordination Services	141	3		144
Adult	24376	Health Homes Coordination - Coordination Services	20	3		23
Adult	32329	Support Services - Supported Community Living	10	1	8	19
Adult	33340	Basic Needs - Rent Payments	10			10
Adult	33345	Basic Needs - Ongoing Rent Subsidy	16			16
Adult	33399	Basic Needs - Other	4	6		10
Adult	42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	15			15
Adult	42305	Psychotherapeutic Treatment - Outpatient	197			197
Adult	42366	Psychotherapeutic Treatment - Social Support Services	171	38	6	215
Adult	42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	1			1
Adult	44301	Crisis Evaluation	369	6	1	376
Adult	44305	24 Hour Crisis Response	99	3		102
Adult	44313	Crisis Stabilization Residential Service (CSRS)	2			2
Adult	45366	Peer Family Support - Peer Support Services			1	1
Adult	46319	Iowa Medical & Classification Center (Oakdale)	7	1		8
Adult	50362	Voc/Day - Prevocational Services			2	2
Adult	50367	Day Habilitation			8	8
Adult	50368	Voc/Day - Individual Supported Employment			7	7
Adult	50369	Voc/Day - Group Supported Employment			4	4
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living	10			10
Adult	64314	Comm Based Settings (6+ Beds) - RCF	14			14
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI	1			1
Adult	71319	State MHI Inpatient - Per diem charges	11			11
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	7			7
Adult	73399	Other Priv./Public Hospitals - Other (non inpatient charges)	3	1		4
Adult	74300	Commitment - Diagnostic Evaluations	16			16
Adult	74353	Commitment - Sheriff Transportation	323	5		328
Adult	74393	Commitment - Legal Representation	273	3		276
Adult	75395	Mental Health Advocate - General	111	5		116
Child	4372	Planning and/or Consultation Services (Client Related)	1			1
Child	23376	Crisis Care Coordination - Coordination Services	31			31
Child	24376	Health Homes Coordination - Coordination Services	1			1
Child	42305	Psychotherapeutic Treatment - Outpatient	9			9

Child	42366	Psychotherapeutic Treatment - Social Support Services	4		4
Child	44301	Crisis Evaluation	20		20
Child	74353	Commitment - Sheriff Transportation	7		7
Child	74393	Commitment - Legal Representation	4		4
Child	75395	Mental Health Advocate - General	1		1

The chart below shows the unduplicated count of individuals funded by diagnosis

Disability Group	Children	Adult	Unduplicated Total	DG
	4	18	22	
Mental Illness	59	1096	1155	40
Mental Illness,Intellectual Disabilities	0	2	2	40,42
Mental Illness,Other Developmental Disabilities	0	3	3	40,43
Intellectual Disabilities	0	56	56	42
Other Developmental Disabilities	0	21	21	43
Total	63	1196	1259	99

***Note:**

These numbers do not capture the actual numbers served in FY16 in the region, however strides have been made to more accurately capture individuals served by the non-eligibility based services of the region. The protocols for gaining accurate information on persons served by diagnostic criteria have been developed in full during this time period by a collaborative effort amongst all the regions with DHS involvement (5/9/2016) and will be captured in entirety in FY17.

Money Expended

This section includes:

- Funds expended for each service
- Revenues
- County Levies

The chart below show the regional funds expended by service and by diagnosis.

FY 2016 GAAP	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
Core Domains						
COA	Treatment					
43301	Assessment & evaluation					\$ -
42305	Mental health outpatient therapy	\$ 55,249				\$ 55,249
42306	Medication prescribing &					\$

	management					-
71319	Mental health inpatient therapy-MHI	\$ 371,320				\$ 371,320
73319	Mental health inpatient therapy	\$ 1,855				\$ 1,855
	Basic Crisis Response					
32322	Personal emergency response system					\$ -
44301	Crisis evaluation	\$ 442,235	\$ 2,743	\$ 594		\$ 445,572
44305	24 hour access to crisis response	\$ 1,078,794	\$ 13,250			\$ 1,092,044
	Support for Community Living					
32320	Home health aide					\$ -
32325	Respite					\$ -
32328	Home & vehicle modifications					\$ -
32329	Supported community living	\$ 125,094	\$ 1,575	\$ 213,359		\$ 340,028
	Support for Employment					
50362	Prevocational services			\$ 12,855		\$ 12,855
50367	Day habilitation			\$ 54,497		\$ 54,497
50364	Job development					\$ -
50368	Supported employment			\$ 37,621		\$ 37,621
50369	Group Supported employment-enclave			\$ 13,375		\$ 13,375
	Recovery Services					
45323	Family support					\$ -
45366	Peer support	\$ 98,290		\$ 65		\$ 98,356
	Service Coordination					
21375	Case management	\$ 510		\$ 7,349		\$ 7,859
24376	Health homes	\$ 17,832	\$ 985			\$ 18,817
	Core Evidenced Based Treatment					
04422	Education & Training Services - provider competency					\$ -
32396	Supported housing					\$ -
42398	Assertive community treatment (ACT)					\$ -
45373	Family psychoeducation					\$ -
	Core Domains Total	\$ 2,191,179	\$ 18,554	\$ 339,714		\$ 2,549,447

Mandated Services						
46319	Oakdale	\$ 136,216	\$ 4,996			\$ 141,212
72319	State resource centers					\$ -
74XXX	Commitment related (except 301)	\$ 217,249	\$ 2,383			\$ 219,632
75XXX	Mental health advocate	\$ 104,504	\$ 1,398			\$ 105,901
	Mandated Services Total	\$ 457,969	\$ 8,776	\$ -		\$ 466,745
Additional Core Domains						
	Comprehensive Facility & Community Based Crisis Services					
44346	24 hour crisis line	\$ 96,173				\$ 96,173
44366	Warm line					\$ -
44307	Mobile response					\$ -
44302	23 hour crisis observation & holding					\$ -
44312	Crisis Stabilization community-based services					\$ -
44313	Crisis Stabilization residential services					\$ -
	Sub-Acute Services					
63309	Subacute services-1-5 beds					\$ -
64309	Subacute services-6 and over beds					\$ -
	Justice system-involved services					
46305	Mental health services in jails					\$ -
25xxx	Coordination services					\$ -
46422	Crisis prevention training					\$ -
46425	Mental health court related costs					\$ -
74301	Civil commitment prescreening evaluation					\$ -
46399	Justice system-involved services-other					\$ -
	Additional Core Evidenced based treatment					
42397	Psychiatric rehabilitation (IPR)	\$ 958				\$ 958
42366	Peer self-help drop-in centers	\$ 456,755	\$ 33,750	\$ 14,224		\$ 504,729
	Additional Core Domains Total	\$ 553,885	\$ 33,750	\$ 14,224		\$ 601,859

Other Informational Services						
03XXX	Information & referral					\$ -
04XXX	Consultation (except 422)	\$ 53,134			6500	\$ 53,134
05XXX	Public education	\$ 22,560				\$ 22,560
	Other Informational Services Total	\$ 75,694	\$ -	\$ -		\$ 75,694
Other Community Living Support Services						
06399	Academic services					\$ -
22XXX	Services management	\$ 203,951				\$ 203,951
23376	Crisis care coordination	\$ 164,769	\$ 477			\$ 165,246
23399	Crisis care coordination other					\$ -
24399	Health home other					\$ -
31XXX	Transportation					\$ -
32321	Chore services					\$ -
32326	Guardian/conservator					\$ -
32327	Representative payee					\$ -
32399	Other support					\$ -
32335	CDAC					\$ -
33330	Mobile meals					\$ -
33340	Rent payments (time limited)	\$ 9,142				\$ 9,142
33345	Ongoing rent subsidy	\$ 21,713				\$ 21,713
33399	Other basic needs	\$ 11,093	\$ 1,107			\$ 12,200
41305	Physiological outpatient treatment					\$ -
41306	Prescription meds					\$ -
41307	In-home nursing					\$ -
41308	Health supplies					\$ -
41399	Other physiological treatment					\$ -
42309	Partial hospitalization					\$ -
42310	Transitional living program					\$ -
42363	Day treatment					\$ -

						-
42396	Community support programs					\$ -
42399	Other psychotherapeutic treatment					\$ -
43399	Other non-crisis evaluation					\$ -
44304	Emergency care					\$ -
44399	Other crisis services					\$ -
45399	Other family & peer support					\$ -
50361	Vocational skills training					\$ -
50365	Supported education					\$ -
50399	Other vocational & day services					\$ -
63XXX	RCF 1-5 beds					\$ -
63XXX	ICF 1-5 beds					\$ -
63329	SCL 1-5 beds	\$ 99,213				\$ 99,213
63399	Other 1-5 beds					\$ -
	Other Comm Living Support Services Total	\$ 509,880	\$ 1,584	\$ -		\$ 511,464
Other Congregate Services						
50360	Work services (work activity/sheltered work)					\$ -
64XXX	RCF 6 and over beds	\$ 122,151				\$ 122,151
64XXX	ICF 6 and over beds					\$ -
64329	SCL 6 and over beds					\$ -
64399	Other 6 and over beds					\$ -
	Other Congregate Services Total	\$ 122,151	\$ -	\$ -		\$ 122,151
Administration						
11XXX	Direct Administration				809573	\$ 809,572.55
12XXX	Purchased Administration				68873	\$ 68,873.40
	Administration Total				\$ 878,446	\$ 878,446
	Regional Totals	\$ 3,910,758	\$ 62,663	\$ 353,938	\$ 878,446	\$ 5,205,806
(45XX-XXX)County						\$

Provided Case Management						-
(46XX-XXX)County Provided Services						\$ -
	Regional Grand Total					\$ 5,205,805.85

Revenue

FY 2016 GAAP	SEIL MHDS Region		
Revenues			
	Accrual Audited Regional Fund Balance as of 6/30/15		\$ 13,179,686
	Local/Regional Funds		\$ 4,566,170
10XX	Property Taxes-Current & Delinquent	\$ 4,226,203	
12XX	Other County Taxes	\$ 8,150	
16XX	Utility Tax Replacement Excise Taxes	\$ 227,618	
4XXX-5XXX	Charges for Services	\$ 24,477	
60XX	Interest	\$ 3,331	
6XXX	Use of Money & Property	\$ 102	
25XX	Other Governmental Revenues	\$ 41,483	
8XXX	Miscellaneous	\$ 34,806	
	State Funds		\$ 455,395
21XX	State Tax Credits	\$ 323,315	
22XX	Other State Replacement Credits	\$ 132,080	
2250	MHDS Equalization		
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program		
	Federal Funds		\$ 319
2344	Social Services Block Grant	\$ 319	

2345	Medicaid		
	Total Revenues		\$ 5,021,884

Total Funds Available for FY16	\$ 18,201,570
FY16 GAAP Regional Expenditures	\$ 5,205,806
GAAP Fund Balance as of 6/30/16	\$ 12,995,764

County Levies

SEIL Region	2013 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY16 Max Levy Before Reduction	Amount County had to reduce Levy	FY2016 Max Levy after reduction	FY16 Actual Levy	Actual Levy Per Capita
Des Moines	40480	1913894	1751030	1751030	0	1751030	1313272	32.44249
Henry	20222	956096	846381	846381	0	846381	846381	41.85447
Jefferson	16810	794777	607300	607300	0	607300	179688	10.68935
Keokuk	10329	488355	490075	488355	25295	463060	0	0
Lee	35682	1687045	2164720	1687045	174553	1512492	1512492	42.38809
Louisa	11282	533413	601189	533413	0	533413	454439	40.28
Van Buren	7436	351574	314328	314328	0	314328	100000	13.44809
Washington	22015	1040869	781141	781141	0	781141	372588	16.92428
Region	164256	7766023	7556164	7008993	199848	6809145	4778860	198.0268

Outcomes-

SEIL Fiscal Year 16 was a year of focus on performance measures and outcomes thru the development and implementation of the SEIL Strategic plan for service, internal protocols to capture data, and involvement in the regions statewide movement to collect outcome information. The following functions of the Region facilitate SEILs progress to collect and successfully analyze and present measurable outcomes.

- **Budget Planning, Performance Based Contracting, Risk Management & Financial Reports, Claims Administration**

SEIL has two designated staff to collect and analyze financial information to keep the region on target for budgetary projections, assurance of timely claims processing, comparison of auditor versus CSN claims information, claims reconciliation, and identification of financial patterns that warrant more in depth analysis to identify trends, mitigate financial risk, and facilitate projected budgeting needs. This function of the region leads to sound accounting practices and lends itself to the capacity of region financial sustainability.

- **Data Management, Intake and Eligibility, Reports & CSN**

The CSN Super User and the CEO perform the function of data management, Intake and Eligibility, and Reports. These functions work jointly to draw reports related to the work of the region, numbers served, financial information related to COA and diagnostic codes, and warehouse compliance to ensure that responsibilities of the region are being performed according to the management plan/service matrix. Analysis is ongoing to prompt data management compliance and performance measures for claims payment. Most recently, the CSN Super User has become involved in training to run other ad hoc reports and thru this SEIL will be able to identify program specific outcome information and analysis. The CEO uses the data from CSN to formulate narrative reports for the Governing Board, DHS, and other entities as requested.

- **Operations, Resource and Referral, Training, & HIPAA**

SEIL has an identified Privacy/Security officer that oversees SEIL compliance to HIPAA and confidentiality law, and is the keeper of all documents, plans, and assessments of the region to meet the necessary standards for risk mitigation and limit liability in the event of a breach. This person also provides SEIL personnel training ongoing to maintain a solid knowledge base of up to date HIPAA/Confidentiality standards and how to implement practices accordingly.

In addition to the above mentioned functions, two individuals perform the functions of Operations and Resource and Referral. SEIL has compiled an Operations Procedure Guide for internal practices that is the guide for all SEIL staff to adhere to in their daily performance of duty. This operations manual provides detail to the standards set forth in the management plan i.e. access standards, claim processing standards, eligibility standards, internal and external resources (Hab site placements, Medicaid fundable RCFs, diagnostic specific resources for service, community resources for basic living needs, etc.)

- **Policies, Procedures, Strategic Plan Development, Grievances & Appeals**

SEIL has two individuals assigned to perform these functions on behalf of the region. The SEIL Strategic plan was approved in FY16 and serves as the guide to SEIL region system development and improvement. This was a very interactive process and was foundational for the development of relationships with our region provider network as well as collaborative partners that share common client bases and/or have interest in the larger service systems in our communities. Good work has been put forth on the development of client surveys, crisis cards, resource inventories, provider training related to multi occurring capability/trauma informed care, and consumer quality assessment (Five Star Quality). Analysis to determine baselines has been initiated toward the end of FY16 and will continue ongoing. The strategic plan is considered to be a living document and will be evaluated at the Change Agent for modification and update at a minimum of 6 times a year.

No Grievances were filed in FY16. One appeal letter was received by the Des Moines County CDS which was resolved via reconsideration and the denial of service was upheld and the issue was not pursued farther. SEIL experienced five(5) Exception to Policy(ETP) requests in FY16 all of which were requests pertaining to placement or continuation of placement in institutional level of care. Four(4) of the ETPs were confirmed by the governing board to facilitate ongoing care for region funded individuals. One(1) ETP request was denied due to individual not meeting level of care criteria and the request pertained to a service not identified in the service matrix of the SEIL Management Plan. Because of the number of ETPs requested pertaining to institutional levels of care, it was determined that policy should be modified to more effectively manage such requests. This required a modification to the SEIL Management Plan and during FY16 the work of updating the plan was commenced. Other modifications to update the document as it pertains to new service system dynamics were also pursued. Note: MCOs were not involved in the service system when the initial Management Plan was created. It is anticipated that those modifications and updates will be reviewed and approved by all parties in that process (Change Agent, Advisory Board, Governing Board, MHDS Commission, and DHS) in FY17.

- **Provider Development, Performance Based Contracting, Evidence Based Practices, & Quality Assurance**

SEIL has three individuals that represent the region on QSDA and are the experts related to region contracts. During FY16 learning and strategizing what outcomes should be measured (with and for consumers) was of primary focus. The QSDA group has made great headway in partnering with the provider network as well as the MCOs to identify the data that is missing from a state wide vantage point. Early on in these meetings it was decided that the social determinant indicators is really the niche of outcomes that need to be addressed by regions. The CSN system was the only available MIS that could potentially capture these data points and the regions along with ISAC began the work of developing a means for providers to submit information. Simultaneously, it was determined that components of Five Star Quality would be expounded on and the criteria for outcome data was established to be as follows: Community Integration, Employment, Housing, and Somatic Care. The SEIL region worked with the local provider network to encourage data submission in CSN. Data submission was also built into SEIL provider contracts to ensure that we were promptly moving forward to acquire quality measure information. The below indicated data was the collection of information submitted in FY16 specific to SEIL.

Southeast Iowa Link	Percentage of Outcomes Met	399 Unduplicated Client Count
Community Integration	83%	
Employment	51%	
Housing	56%	
Somatic Care	80%	

Providers who have submitted outcomes on behalf of Southeast Iowa Link Residents

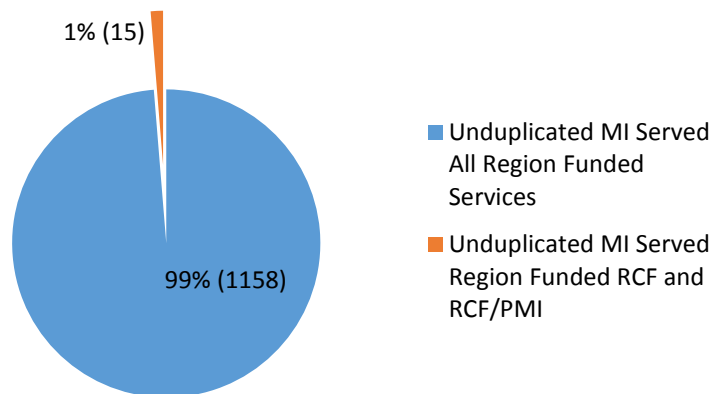
CEDAR VALLEY COMMUNITY SUPPORT SERVICES (CVCSS)
 FIRST RESOURCES CORP
 GOODWILL INDUSTRIES OF THE HEARTLAND
 HILLCREST FAMILY SERVICES
 HOPE HAVEN AREA DEVELOPMENT CORP.
 Hope Haven/MOTTS
 Optimae Lifeservices
 OPTIMAE LIFESERVICES, INC.
 PENN CENTER
 Pursuit of Independence, Inc.
 REACH FOR YOUR POTENTIAL
 TAILORED LIVING
 WDCDC INC

SEIL has developed a provider/ program Outcomes Measures report in FY16 that will be implemented in FY17 that will measure Input measures, Output measures, and Outcome measures. Three concepts are measured as follows:

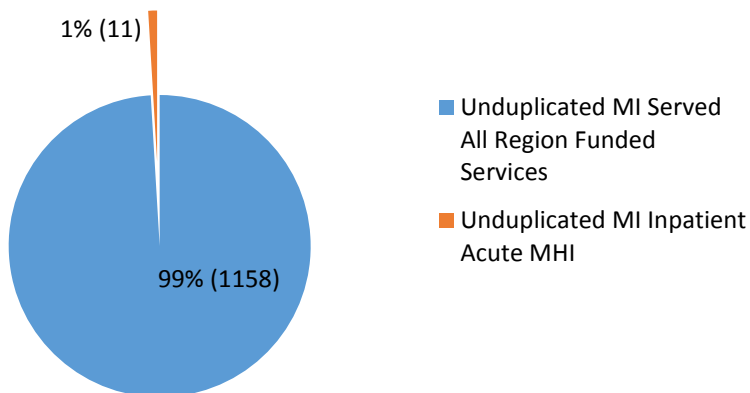
- Input Measures Identify the amount of resources needed to provide for a particular program or service period. This has the total cost of providing a service. If a provider is putting in some of their own resources, it would be included here. Input measures will show a dollar amount for the SEIL region, this will be the amount shown on the contract for the service being reported. The provider will also include any in-kind contribution here.
- Output Measures represent the number of people served, or the number of products/services provided. Output measures will be numerical. For SEIL contracted services, this will be the number of people or units you are now reporting each month with your invoice.
- Outcome Measures address whether or not a program or service is meeting its proposed goals. Outcomes reflect the actual results achieved and the impact, and indicate the quality or efficiency of the service provided. Outcome measures are usually done in narrative form. Outcome measures assist the SEIL region and providers to be accountable for our programs and look at the quality of the services for effectiveness. Service effectiveness allows us to address quality improvement and the capacity of the program/service. We are tasked with striving to improve the quality of life of the people we serve in our region. Through outcome measures we can determine what is working, what needs revised, and perhaps, if necessary, what should be eliminated.

One of the major goals of the SEIL Region strategic plan was to reduce the numbers of individuals served in institutional levels of care. The regions obligations for funding such service is predominantly RCF and MHI placements. These levels of care are considered to be in opposition to the premises of Olmstead when individuals linger in these institutions unnecessarily without verification of need. The below graphs indicates the strides that have been made to ensure that on a population served basis, attention is being given to make certain services are focused more on community based living environments that meet the CMS residency requirements.

Unduplicated Community Based Institutional for MI Population



Unduplicated Inpatient Acute at MHIs



SEIL would like to measure inpatient acute placements at Community Based Hospitals, however at this time there is no mechanism to draw those numbers (as the region is not typically the funder of service) and the only information that can be obtained pertains to Court ordered services exclusively. More effort will be made in this area and to develop relationships with other funding sources (Medicaid, Medicare, private third party, etc), so we can move forward in our efforts to meet individual's needs in the least restrictive environment.

Lastly, SEIL and all MHDS regions submit Core Access Standard reports to DHS quarterly as well as a report reflecting the development and/or availability of Core Plus Services. DHS is working to develop Dashboards that reflect this information, which will be available to legislators as per their request and will ultimately become public documents/information.